Bureau of Health Care Quality and Compliance

			l` ′		(X3) DATE SUI COMPLET			
	NVN4709HHA		B. WING		04/1	8/2011		
ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	<u> </u>	<u></u>		
ALL STATE HOME HEALTH SEDVICES								
4) ID SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETE DATE		
INITIAL COMMENTS			H 00					
a result of a Focused conducted in your fact was generated in acc Administrative Code, Agencies. The current census was patient records were reviewed. The findings and conducted by the Health Division prohibiting any crimin actions or other claim available to any party state or local laws.	State Licensure survey sility on 4/18/11. This survey ordance with Nevada Chapter 449, Home Hears fifty-four. Here reviewed, four family viewed regarding the care, Seven employee clusions of any investign shall not be construed all or civil investigations as for relief that may be under applicable feder	urvey ealth lies files ation I as						
449.782 Personnel P	olicies		H153					
policies concerning the responsibilities and concerning the responsibilities and concerning the responsibilities and concerning the personner of the staff. The personnel policies and the personnel policies on the staff of the personnel policies. The annual testing contact with patients on NAC 441A.375; and this Regulation is not separately support the personner of the staff of th	ne qualification, conditions of employmer el, including licensure if written policies must be and made available to tand the advisory group is must provide for: of all employees who had to to the advisory group of all employees who had the advisory group of all employees who had the advisory group of all employees who had the advisory group and advis	nt for f e he s. nave nt to						
	SUMMARY ST. (EACH DEFICIENCY REGULATORY OR INTIAL COMMENTS) This Statement of De a result of a Focused conducted in your fact was generated in acceptance. The current census was generated in acceptance of the current census was patient records was or patients were interfagency's provision of were reviewed. The findings and conceptance of the Health Division prohibiting any crimin actions or other claim available to any party state or local laws. The following regulate identified: 449.782 Personnel Policies concerning the responsibilities and concept the staff of the staff of the personnel policies. The annual testing contact with patients and concept the staff of th	NVN4709HHA ROVIDER OR SUPPLIER TE HOME HEALTH SERVICES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMATION OF A FOCUS OF A PRECEDIT OF A FOCUS	ROVIDER OR SUPPLIER TE HOME HEALTH SERVICES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a Focused State Licensure survey conducted in your facility on 4/18/11. This survey was generated in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies. The current census was fifty-four. Six patient records were reviewed, four families or patients were interviewed regarding the agency's provision of care, Seven employee files were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified: 449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and	ROVIDER OR SUPPLIER TE HOME HEALTH SERVICES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DINITIAL COMMENTS This Statement of Deficiencies was generated as a result of a Focused State Licensure survey conducted in your facility on 4/18/11. This survey was generated in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies. The current census was fifty-four. Six patient records were reviewed, four families or patients were interviewed regarding the agency's provision of care, Seven employee files were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified: 449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and This Regulation is not met as evidenced by:	IDENTIFICATION NUMBER: NVNAT09HHA ROWIDER OR SUPPLIER TE HOME HEALTH SERVICES SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MIST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) DINITIAL COMMENTS This Statement of Deficiencies was generated as a result of a Focused State Licensure survey conducted in your facility on 4/18/11. This survey was generated in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies. The current census was fifty-four. Six patient records were reviewed, four families or patients were interviewed regarding the agency's provision of care, Seven employee files were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified: 449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and	ROMDER OR SUPPLIER NVNAT09HHA ROMDER OR SUPPLIER REHOME HEALTH SERVICES SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDERS PLAN OF CORRECTION (RACH CORRECTIVA ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS H 00 INITIAL COMMENTS H 00 INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a Focused State Licensure survey conducted in your facility on 4/18/11. This survey was generated in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies. The current census was fifty-four. Six patient records were reviewed, four families or patients were interviewed regarding the agency's provision of care, Seven employee files were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified: 3 449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375, and This Regulation is not met as evidenced by:		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

NAME OF PROVIDER OR SUPPLIER ALLSTATE HOME HEALTH SERVICES CALL WIDESERT IN NR DEVELOPMENT AND SUPPLIES SUMMARY STATEMENT OF DEFICIENCIES DEVELOPMENT AND SUPPLIES SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY BY STATE PRECIDENCY BY STATE PROVIDERS PLAN OF CORRECTION PRECIDENCY BY STATE PROVIDERS PLAN OF CORRECTION PRECIDENCY BY STATE PRECIDENCY BY STATE BY STATE PRECIDENCY BY STATE BY	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
ALLSTATE HOME HEALTH SERVICES (SUMMARY STATEMENT OF DEFICIENCIES BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) (SUMMARY STATEMENT OF DEFICIENCIES BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) H153 Continued From page 1 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage, and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered the reafter, unless the medical director of the facility or his designee or another licensed physician determinate in . The risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the quidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (t) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test sexempt			NVN4709HHA	OTD :		TE 710 000E	04	/18/2011
CAST DATE DATE DATE CAST DATE	NAME OF PF	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	ATE, ZIP CODE		
TAG REGULATORY OR ISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE TAG CROSS-REFERENCE TO THE APPROPRIATE COMPLETE TAG CROSS-REFERENCE TO THE APPROPRIATE COMPLETE TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) H153 Continued From page 1 H153 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented thiotory of a positive tuberculosis screening test is exempt	ALLSTAT	E HOME HEALTH SERVI	CES					
3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FU		PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE
in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt	H153	Continued From page	e 1		H153			
from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest		in a medical facility, a dependent or a home care shall have a: (a) Physical examinat licensed physician that good health, is free from the communication of the communication of the employee has compressed in the emp	a facility for the for individual residential residential for individual residential for individual residential resid	al a a te of and gious a a step in the of the be ter, nis and g the ol and graph of a of a				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		A. BUILDING		(X3) DATE SUF COMPLET	
		NVN4709HHA		B. WING		04/18	8/2011
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	TE, ZIP CODE		
ALLSTAT	E HOME HEALTH SERVI	CES	6212 W DESE LAS VEGAS,				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FU .SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE	(X5) COMPLETE DATE
H153	offered to a person wiscreening test in according test in according the Centers for Dis Prevention as adopte (g) of subsection 1 of 7. A medical facility significant employees for the despulmonary symptoms tuberculosis or a positest shall report promispecialist, if any, or to in charge of the medicality has not design specialist, when any proceeding the employee shall be a based on personnel reference interview, the agency tuberculin skin testing agency, when read, in the determination of required by direction of NAC 441A. The accommentation of alletesting and two-step required by statute for (Employees #1 and #1. Employee #1- reviewed that the tube by staff of the agency alleged previous positime as uncommentation of measured in millimeters.	eventive treatment must the a positive tuberculos ordance with the guideline ease Control and do by reference in paragonal NAC 441A.200. The maintain surveillance velopment of a person with a historitive tuberculosis screer poly to the infection control the director or other person at the director or other person at the medical at a minimum and tuberculosis are present at a minimum and staff failed to insure that all that occurred through included measurements are person at the interpretive guide gency also did not have ged positive tuberculin tuberculin skin testing at 2 of 7 employees.	t be sis nes laraph ce of laraph ce of laraph cerson lablasent, osis.	H153			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVN4709HHA		B. WING		04/18/2011	l
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE	•	
ALLSTAT	E HOME HEALTH SERVI	CES		SERT INN RD 6, NV 89146			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI	l l	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COM	X5) PLETE ATE
H153	Continued From page	3		H153			
	revealed no documentuberculin skin test or	ew of the personnel rec tation of a second step two consecutive annua is is required by Nevad	al				
	Scope: 2 Severity: 2	2					
H165	449.787 Duty to Prov	ide Skilled Nursing		H165			
	providing skilled nursi services, and may incomply physical therapy, occur therapy, medical-soci guidance, pharmaceu and equipment service. This Regulation is not Based on record revie agency failed to ensu and physical therapy	itical services, applianc	Ith ch as ech ees the ces I as				
	physician ordered a property for treatment on 3/24/	of the record revealed ohysical therapy evalua 11. The documentation In did not take place un	ation n				
	physician order skilled 3/24/11. The docume	entation showed no services were provided					
	physician order a phy	of the record revealed sical therapy evaluation. The documentation should be a significant to the control of th	n for				

AND DUAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		NVN4709HHA				04/	18/2011	
NAME OF PE	ROVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•		
ALLSTAT	E HOME HEALTH SERV	ICES		SERT INN RD S, NV 89146				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
H165	 had not taken place. 4. Patient #6 Review physician order skille The documentation sonursing services were 3/27-4/16/11. 5. Further record reviews. 	the survey, the evaluate of the record revealed discounting services on 3 showed no evidence the provided between when revealed there were lay or put the services	d the s/9/11. e	H165				
H169	patients at home. (b) Evaluate the patient's care. (c) Teach the pa who nurse him how home (d) Supervise and on a continuing basis	shall: ing guidance and care the home for its suitability full tient and those in the holis care is to be given. Indicate the patient's	for the ome	H169				
	Based on record reviagency failed to ensuconducted superviso being provided as or records sampled. (Patient #3 Review order for home health dated 3/24/11. The records records records sampled.)	ot met as evidenced by ew and staff interview, ure a registered nurse ry visits to ensure care dered for 1 of 6 patient atient #3). If the record revealed the aide (HHA) services we record showed no evide by the registered nurse	the was e vas ence					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVN4709HHA		B. WING		04/1	8/2011
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	J 0-11 1	0/2011
ALLSTATE HOME HEALTH SERVICES				SERT INN RD S, NV 89146			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
H169	Continued From page	e 5		H169			
	Employee #1, the Direction revealed the agency provisits be conducted expressions.	the survey. Interview ector of Patient Service policy was that supervisivery 14 days. She administration of the supervisor	es sory nitted				
H171	449.791 Duties of Per	rsonnel		H171			
	to function as a member team. Under the super nurse, he may: (a) Give the patient assistance in the activation (b) Perform certate ensure that the patient and to maintain a safethim. This Regulation is not Based on record reviet agency failed to ensure aide had a plan of carnurse case manager care of the patient in a sampled. (Patient #1 Patient #1 Review of plan for the home head	in household services and the nutritional needs are and clean environment of met as evidenced by: ew and staff interview, for the certified home have signed by the register to provide instruction for 2 of 6 patient records	ding to e met nt for the ealth ered or				
	Patient #5 Review of plan for the home hea a registered nurse for 4/12/11-6/10/11.	the record revealed no alth aide to follow signe the certification period	d by				
	Severity: 2 Scope:	2					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE S COMPLI			
		NVN4709HHA		B. WING		04	/18/2011
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALLSTAT	E HOME HEALTH SERVI	CES		SERT INN RD S, NV 89146			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
H188	for heath care, if the power of attorney pur 449.860, inclusive; (Norepealed in 2009, refe 162A.700 to 162A.860) (b) A declaration withdrawal of life-sust patient has executed to NRS 449.600. This Regulation is not Based on record revie agency failed to ensure of the patient's executed to 449.860, inclusive governing advanced of pursuant to NRS 449. (Patient #3 and #5). Review of the files of indicated they had extended	durable power of attornoatient has executed susuant to NRS 449.800 IRS 449.800 to 449.860 erenced now at NRS 0) and governing the withhold taining treatment, if the such a declaration pursuant to NRS 449 and staff interview, the tent of the such a declaration directives as executed attended to the files contained attended to the files and #5 ecuted documents at power of attorney for hierectives for the withhold ustaining treatment attended to the files was not aware the files and attended to the director of patient at the files was not aware the files.	ing or suant the copy 9.800	H188			
	Scope: 2 Severity: 2	2					

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

NVN4709HHA

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

O4/18/2011

NAME OF PROVIDER OR SUPPLIER

6212 W DESERT INN RD

NAME OF PROVIDER OR SUPPLIER ALLSTATE HOME HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 6212 W DESERT INN RD LAS VEGAS, NV 89146					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.